APPLICATION: ABSENTEE VOTING BY MAIL

PRINT NAME			
Address where you live			
Mail Absentee Ballot to			
Social Security #	D.O.B	Pho	ne
I wish to vote in the: November 3, 2020			
Please indicate Crab Orchard City & State General	☐ Crossville City & State General	☐ Town of Pleasant F & State General	Iill OR □ General Only
REASONS FOR VOTING ABSENTEE (Check One)			COMPLETED FORM MUST BE RECEIVED BY OCT. 27, 2020
☐ I am over 60 years of age.		L	
 □ I will be outside this county during all I □ I am a full-time student or spouse of a □ I am a voter with a disability and my p □ I am hospitalized, ill or physically disable 	fulltime student ou olling place is inacce	tside my county. essible.	ce to vote.
☐ I am a caretaker of a hospitalized, ill o	r physically disabled	person.	
$\hfill\Box$ I am a candidate for office in the elect	ion for which I am a	pplying to vote absente	ee by mail.
$\hfill \square$ I will be serving on jury duty in a state			
☐ I reside in a licensed facility, outside m			
☐ I am serving as an election official or n			•
☐ I am observing a religious holiday that			
☐ I have a Commercial Driver's License (• • •	•	•
Identification Credential (TWIC), will be county or out-of-state address to receive			·
card. □ Enclosed is a copy of my (
☐ I am a member of the military, spouse		ca is a copy of my TVVI	c cur u.
□ I am an activated National Guard mem	•		
☐ I am an overseas citizen and otherwise			
You must include mailing			ng ballot.
Ballot to be sent: By Ma	ailEmail: e	email address	
Notice: A person who applies to vote absentee by twelve (12) years imprisonment or a fine of \$5000		do so commit a felony punisha	ble by not less than two (2) years nor more than
twelve (12) years imprisonment of a fine of \$5000) or both.		
Therefore, I apply to vote absentee by mail in the election the last election in which I voted. I am a registered vote previously voted in this election, nor will I attempt to vote the contract of the contr	er of the county. I am eligibl	e to vote in the election and I d	, , , , , , , , , , , , , , , , , ,
I swear or affirm, under the penalty of perjury, th	at all the information or	this form is true and correc	t and that I am eligible to vote in this election
SIGNATURE OF VOTER (Digital Signature Not A	.ccepted):		Date
Assistance Signature: (Required if voter cannot sign or r			
Signature of Person Assisting		Address	Date
Signature of Witness		Address	Date
	2 SOUTH MA	Y ELECTION COMMISSION AIN ST, STE 105 .LE TN 38555	
PH (931) ⁴		9409 vote@cumberlandcou	ntytn.gov
FOR COUNTY ELECTION OFFICE USE ONLY: (circle one) Signature	s ahove (are) (are not) ti	ne same
Application Received/Accepted on			
Ballot #Ballot Sei	 nt	Ballot Receiv	ed
Ballot Affidavit Signature verified on		by	